

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

91429086

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4	/		/			
5		/		/		
6		2		/		
7		0		/		
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TOTAL IND.	5	↓	3	↓		↓
TOTAL DEP.	7	↓	7	↓		↓
TOTAL CLAIMS	12		10			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓		↓		↓		↓
TOTAL DEP.		↓		↓		↓		↓		↓		↓
TOTAL CLAIMS												